

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90077 005 \*\*\*150.00

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|   |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| <b>DOCUMENT # P02000000994</b><br>1. Entity Name<br><b>DYNAMIX SPECIALTY DISTRIBUTORS, INC.</b>   |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>4111 N DAVIS HWY<br/>PENSACOLA, FL 32507</b>  |                      |  | Mailing Address<br><b>4111 N DAVIS HWY<br/>PENSACOLA, FL 32507</b>   |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |                      | 3. Mailing Address<br><b>P.O. Box 12924</b><br><br>Suite, Apt. #, etc. |  | 01132004    Chg-P    CR2E034 (10/03)  |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State<br><b>PENSACOLA, FL</b>  |                      | City & State<br><b>PENSACOLA, FL</b>                                   |  | 4. FEI Number<br><b>01-0578915</b>  |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip<br><b>32501</b>   |                      | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LEGALZOOM NEVADA INC<br/>395 ALHAMBRA CIRCLE<br/>#301<br/>CORAL GABLES, FL 33134</b>  |                      |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Anthony R. Jacobs</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4111 N. DAVIS HIGHWAY</b><br><br>City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32503</b> |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE: <b>1-14-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |                      |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JACOBS, ANTHONY R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4111 N DAVIS HWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32507</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MIGNAULT, DANIEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6431 CHATHAM VIEW CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINDERMERE, FL 34786</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEE, SIGURD E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4111 N DAVIS HWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32507</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MIGNAULT, AMAYA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6431 CHATHAM VIEW CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINDERMERE, FL 34786</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                      |  |  |   |  | TITLE | PD | <input type="checkbox"/> Delete | NAME | JACOBS, ANTHONY R |  | STREET ADDRESS | 4111 N DAVIS HWY |  | CITY-ST-ZIP | PENSACOLA, FL 32507 |  | TITLE | DV | <input type="checkbox"/> Delete | NAME | MIGNAULT, DANIEL |  | STREET ADDRESS | 6431 CHATHAM VIEW CT |  | CITY-ST-ZIP | WINDERMERE, FL 34786 |  | TITLE | TD | <input type="checkbox"/> Delete | NAME | LEE, SIGURD E |  | STREET ADDRESS | 4111 N DAVIS HWY |  | CITY-ST-ZIP | PENSACOLA, FL 32507 |  | TITLE | SD | <input type="checkbox"/> Delete | NAME | MIGNAULT, AMAYA |  | STREET ADDRESS | 6431 CHATHAM VIEW CT |  | CITY-ST-ZIP | WINDERMERE, FL 34786 |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | PD                   | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | JACOBS, ANTHONY R    |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 4111 N DAVIS HWY     |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | PENSACOLA, FL 32507  |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   | DV                   | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | MIGNAULT, DANIEL     |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 6431 CHATHAM VIEW CT |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | WINDERMERE, FL 34786 |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   | TD                   | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | LEE, SIGURD E        |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 4111 N DAVIS HWY     |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | PENSACOLA, FL 32507  |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   | SD                   | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | MIGNAULT, AMAYA      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 6431 CHATHAM VIEW CT |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | WINDERMERE, FL 34786 |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.  |                      |  |  |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| SIGNATURE: <b>1-14-04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                      |  | Date <b>850-453-8811</b><br><small>Daytime Phone #</small>   |   |  |       |    |                                 |      |                   |  |                |                  |  |             |                     |  |       |    |                                 |      |                  |  |                |                      |  |             |                      |  |       |    |                                 |      |               |  |                |                  |  |             |                     |  |       |    |                                 |      |                 |  |                |                      |  |             |                      |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |